

# PLAYER MEDICAL INFORMATION SHEET

Name: \_\_\_\_\_

Birthdate: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Alberta Healthcare #: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person to Contact in case of accident or emergency, if parents are not available:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please circle the appropriate response below pertaining to your child:

- |     |    |   |     |    |   |
|-----|----|---|-----|----|---|
| Yes | No | Previous history of concussions   | Yes | No | Wears a dental appliance                              |
| Yes | No | Fainting episodes during exercise   | Yes | No | Hearing problem                                       |
| Yes | No | Epileptic   | Yes | No | Asthma  |
| Yes | No | Wears glasses   | Yes | No | Trouble breathing during exercise                     |
| Yes | No | Are lenses shatterproof?  | Yes | No | Heart Condition                                       |
| Yes | No | Wears contact lenses  | Yes | No | Diabetic  |
| Yes | No | Wears a medic alert bracelet or necklace  | Yes | No | Medication  |
| Yes | No | Surgery in the last year  | Yes | No | Allergies   |
| Yes | No | Has been in hospital in the last year   | Yes | No | Illness lasting more than a week in the past year     |
| Yes | No | Presently injured   | Yes | No | Injuries requiring medical attention in the past year |
| Yes | No | Does your child have any health problem that would interfere with participation on a hockey team? |     |    |   |

Please give details below if you answered "Yes" to any of the above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Recent Injuries: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

Last Complete Physical: \_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any medical condition or injury problem should be checked by your physician before participating in a hockey program.

I understand that it is my responsibility to keep the team management/coaches advised of any change in the above information as soon as possible and that in the event no one can be contacted, team management/coaches will take my child to the hospital if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (coach/physician) as deemed necessary.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_